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|--|---------------------------------|--------|----------------------|-----------------------------|------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 3273-0215PUS1 | |
| Application No. 10/553,862-Conf. #6571 | Filing Date October 21, 2005 | | Examiner T. Dicus | Art Unit 1794 | |
| Applicant(s): Koji TSUCHIDA et al. | | | | | |
| Invention: HEAT-SHRINKABLE TRANSLUCENT WHITE FILM, SHRINK LABEL AND CONTAINER WITH LABEL | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| Total Claims | 15 | - 20 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 1 | - 3 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within second month 490.00 | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 490.00 | | | | | |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 490.00 . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| Dated: September 30, 2009 | | | | | |
| Marc S. Weiner Attorney Reg. No.: 32,181 | | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEES TRANSMITTAL For FY 2009 | | Application Number | 10/553,862-Conf. #6571 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | October 21, 2005 |
| TOTAL AMOUNT OF PAYMENT (\$ 490.00) | | First Named Inventor | Koji TSUCHIDA |
| | | Examiner Name | T. Dicus |
| | | Art Unit | 1794 |
| | | Attorney Docket No. | 3273-0215PUS1 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|--------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Nonc | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 02-2448 | | | Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|----------------|----------|---------------|---------------------------|----------|---------------|
| 15 | - 20 or HP = 0 | x 52.00 | = 0.00 | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|----------|---------------|
| | - 100 = /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

490.00

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|-------------------|----------------|--------------------------------------|--------------------|
| Signature | (Signature) | 32,181 | (703) 205-8000 |
| Name (Print/Type) | Marc S. Weiner | Date | September 30, 2009 |